

Michigan's Suicide Prevention Plan

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How serious is Michigan's problem?

- Michigan Deaths In 2006

Suicide	1,132
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Homicide	720
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HIV/AIDS	184
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- Third LCD for 15-34 year olds
- Second LCD for 15-34 year old white men
- Fifth leading cause of YPLL below age 75
- Michigan's suicide rate has changed very little in more than a decade

Why was it felt a plan was needed?

- Efforts around the state were fragmented
- There was interest in state government to work on prevention, but little had been done except in crisis intervention
- *Most suicides are preventable*

History

- 1997/98—Michigan Senate and House resolutions encouraging prevention initiatives
- 2000—MDCH group working on state plan stopped meeting
- 2003—Michigan Suicide Prevention Coalition (MiSPC) started by Michigan Association of Suicidology to work on plan
- 2005—state plan released
- 2009—first progress evaluation

The Suicide Prevention Plan for Michigan

- Developed by the MiSPC
- 5 year plan
- Contains 10 goals with related objectives
- Addresses suicide across the lifespan and across the state
- Covers the full continuum of prevention

Key features of the plan

- Based on the national suicide prevention plan
- Acknowledges state's inability to commit abundant resources to the issue at this time
- Earmarks MDCH as lead agency for state government

Key features of the plan

- Objectives for both state and local level activities
- Sets up state in supporting role to local efforts
- Emphasizes local planning and determination of needs

Key MDCH-specific objectives

- Establish suicide prevention position within MDCH
- Establish Suicide Prevention Advisory Council
- Support local and regional efforts
- Work with local efforts to accrue resources

Key MDCH-specific objectives

- Develop a comprehensive strategy to improve community awareness
- Assist with educating media on appropriate response
- Disseminate best practice information to specific professional groups
- Work with DOE on best practice guidelines for schools

Key MDCH-specific objectives

- Lead a collaborative effort to educate the public and appropriate professionals about reducing access to lethal means
- Develop and disseminate a model for community suicide prevention "capacity assessment"
- Improve and expand surveillance of suicide and suicide attempts

Key community objectives

- Develop local or regional suicide prevention collaboratives with broad and diverse participation.
- Implement evidence-based early interventions for traumatized children.
- Develop services for suicide survivors.

Key community objectives

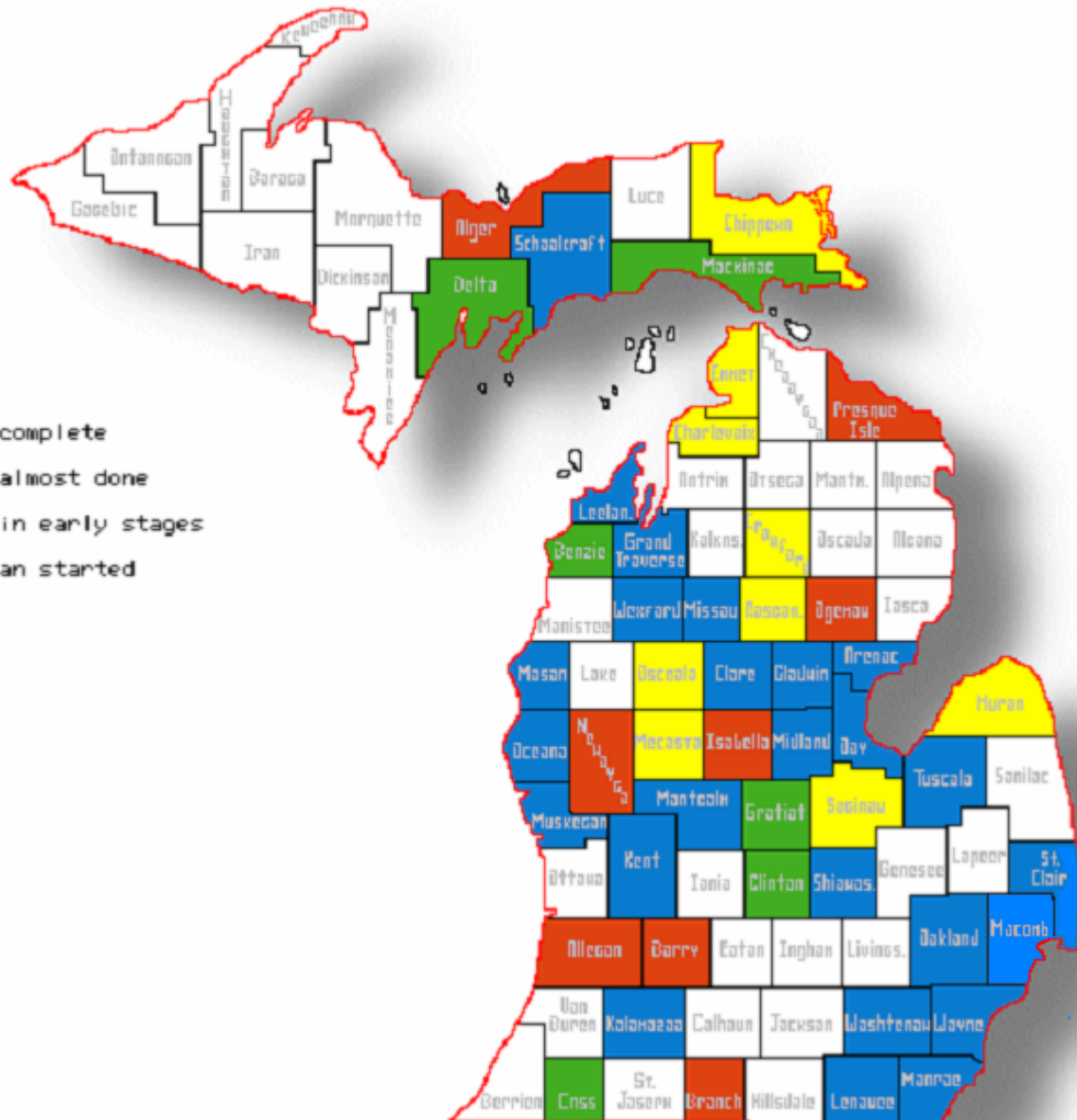
- Expand the number of trained gatekeepers.
- Promote awareness and use of 24-hour crisis intervention services
- Work with the state and other entities to build support for, and request funding for suicide prevention.

Biggest Accomplishments

- State “cubicle” of suicide prevention
- Many groups working locally
- Resource directory:
www.michigan.gov/injuryprevention
- First statewide conference
- Many awareness & anti-stigma activities around the state

Status of Local Plans

- - Plan complete
- - Plan almost done
- - Plan in early stages
- - No plan started



Biggest Accomplishments

- More than 20 ASIST trainers in state
- AMSR trainers also in Michigan
- Gatekeepers programs such as ASIST being implemented around state
- Many communities have completed community assessments
- Growing interest around in suicide surveillance

However....

- There are still numerous challenges
- A lot accomplished in a relatively short period of time with limited resources
- More challenges coming up given the current economic climate
- Need new and expanded resources
- Some major gaps in implementation of objectives, particularly clinical/treatment related ones

What support is there?

- MDCH is building a program to
 - support local efforts
 - conduct statewide programs
- Department currently in last year of \$400,000 grant
- Other federal grants
- Local funding

Resources

- State plan and epi reports
 - www.michigan.gov/injuryprevention
- Pat Smith
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